Nume of Person Filing Ronald Koerbel	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization.	
8. Name and address of Business (including trade name, if any).	9. Business desis with:
Name National Elevator Industry Educational Prog.	KZ
Trade Name, if any:	X a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Spect Eleven Larsen Way	c. Employer
CMy Attleboro Fails	
State Massachusetts ZIP Code + 4 02763-1068	
10. If 9.b. or 9.c. is checked give Irust or employer's name.	11.a. Nature of such dealing.
Name	See IM-30 Attachment
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	:
Street	· !
	11.b. Approximate dollar vakes of auch dealing.
State 23P Code + 4	12.a Nature of interest hold or income received. dinner * while at General Executive Board meeting*
	12.b. Amount. \$67
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name:	
Trade Name, if any:	: : : : : : : : : : : : : : : : : : : :
P.O. Box, Bidg., Room No., if any	
Street	
Сту	
State ZIP Code + 4	
13.b. is the Business on Employer or Consultant 7	14.b. Amount of payment.

LM-30 Attachment

Name: Ronald J. Koerbel LM-30 File Number:

Ending date of report period: 12/31/04

LM-30 Item Number

Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.

U.S. Department of Lebor Office of Lebor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report Epondatory under P.L. 86-257, as amended. Falking to comply may result in criminal prosecution, firest, or civil penalties as provided by 29 U.S.C 439 or 440.



Name panny

1. File Number U - 7449

3. Name and address of person filing.

R Kuhs

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 32 / 2004

4. Name, the number, and address of labor organizations.

Name N.E. Regional Council of Carpenters

	Labor Organization File Number 540 - 623
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, If any
Street 8 Laurel Road	Street 803 Summer Street - 4th Flr.
City Newburyport	City Boston
State Massachusetts ZP Code + 4 019	State Massachusetts ZP Code + 4 02127-1616
5. Position in labor organization. Council Representati	. va
Exter appropriate data below it, during the past fiscal year, yo (except as specifi	os or your spouse or minor child directly or indirectly had any of the following interests led in the exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including for monetary value from an employer whose employees you	ens) with, or derived income or other economic benefit of ir organization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, it any:	
P.O. Box, Bidg., Room No., If eny	
Street	7.b. Amount.
City	
State ZIP Code + 4	
,	Signature
State ZP Code + 4 15. Signature and verification. The undersigned deciares, un	Signature Signature Ader panelty of Perjury and other applicable panelties of the law, that all of the information any accompanying documents), has been examined by the signatury and is, to the best of the